

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

This return should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No.*.....

Place of Birth Miami Arizona No. St.
(Registration district)

SEX OF CHILD*	Twin* Triplet <u>One</u> or other?	and	Number* in order of birth
<u>Female</u>			<u>One</u>
DATE OF BIRTH* <u>May</u> <u>30</u> 19 <u>15</u> (Month) (Day) (Year)			
FULL NAME	FATHER <u>Perry Ross Trethewey</u>		
FULL MAIDEN NAME	MOTHER <u>Ethel B. Rice</u>		

I HEREBY CERTIFY that the child described herein has been named

Evelyn Ethel Trethewey
(Given name in full) (Surname)

(Signature) PR Trethewey

(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of births may be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

538-530-595